



CITY OF SOMERVILLE

APPLICATION FOR SUMMER EMPLOYMENT

Date of Application: _____

Name: _____

Street Address: _____

City State Zip: _____

Home Phone # _____ Cell Phone # _____

Are you at least 16 years of age? _____

Are you eligible to work in the United States? _____

Have you ever worked for the City of Somerville? No _____ Yes _____

Where _____ When _____

EDUCATIONAL STATUS

I attend _____ Current Grade: _____

List your Volunteer History and any Clubs/Activities you are involved with:

Do you speak any languages other than English? Please list:

Have you completed any Job Readiness programs (such as CIT/LIT)? Please list:

EMPLOYMENT HISTORY

(List your last two employers, starting with the last one first)

Dates: To and From	Name and Address of Employer or Organization	Hourly Wage	Job Title	Supervisor's Name	Work Performed

Revised 03/2013 NB

Where would you like to work?

Please indicate your work location preferences on the line in front of each site. Write a "1" for your first choice, a "2" for your second choice and so on. Do not use the same number twice. This does not guarantee where your work site location will be but it gives us an idea of what your interests are.

_____ Library _____ Recreation _____ Office work _____ DPW _____ Private Employer

Please give the name and telephone number of two adult references that are not related to you and are not previous employers (i.e. Guidance staff, neighbor, other school staff).

1.) _____

2.) _____

*Please Note: the following information is requested by the granting authority.		
Please indicate by checking the box if your family size and your family household income is at or below the figure shown for that family size.		Check Box
Two person family	\$21,780	
Three person family	\$29,420	
Four person family	\$37,060	
Five person family	\$44,700	
Six person family	\$52,340	
Seven person family	\$59,980	
Eight person family	\$75,260	

PERSONAL HISTORY	Yes	No
Are you a child of a single parent household?		
Do you qualify for free or reduced lunch at your school?		
Are you or have you ever been a foster child through the DCF Office?		
Do you have a disability or are you on an IEP?		
Do you have difficulty speaking, reading, or writing English? If yes, please state your native language:		

Applicant's Statement: *please read and sign below*

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time. The applicant understands that neither this document nor any offer of employment from the employer constitutes an employment contract unless the employer and employee in writing to that effect execute a specific document. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Voluntary Survey

Government agencies at times require periodic reports on the sex, ethnicity, handicapped, veteran and other protected status of applicants. This data is for analysis and possible affirmative action only. SUBMISSION OF INFORMATION IS VOLUNTARY.

☐ Male ☐ Female ☐ White ☐ Black ☐ Hispanic

☐ American Indian/Alaskan Native ☐ Asian/Pacific Islander